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FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050874 (1)

1. Corporation Name

AVIATION INSURANCE SERVICES (AMERICAS), INC.



Principal Place of Business

Mailing Address

DATRAM TWO, SUITE 1621
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156

DATRAM TWO, SUITE 1621
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

86-0874842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 9130 S. Dadeland Blvd.

Suite, Apt. #, etc.

22 #1621

City & State

23 Miami, FL

Zip

24 33156

Country

25 USA

2a. Mailing Address

26 9130 S. Dadeland Blvd.

Suite, Apt. #, etc.

27 #1621

City & State

28 Miami, FL

Zip

29 33156

Country

30 USA

9. Name and Address of Current Registered Agent

JARVIS, JAMES W
550 BILTMORE WAY
PENTHOUSE ONE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE
NAME William F. Willer
STREET ADDRESS 9130 S. Dadeland Blvd. #1621
CITY-ST-ZIP Miami, FL 33156

TITLE Chairman ☐ DELETE
NAME Ronald A. Hill
STREET ADDRESS 333 No. Rancho DR. #400
CITY-ST-ZIP Las Vegas, NV 89106

TITLE Secretary/Treasurer ☐ DELETE
NAME Teresa K. Heckart
STREET ADDRESS 333 No. Rancho DR. #400
CITY-ST-ZIP Las Vegas, NV 89106

TITLE Director ☐ DELETE
NAME Richard R. Gorsuch
STREET ADDRESS 333 No. Rancho DR. #400
CITY-ST-ZIP Las Vegas, NV 89106

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Senior Vice President ☐ Change ☒ Addition
1.2 NAME John F. Bonner
1.3 STREET ADDRESS 12951 S. Calusa Club Dr.
1.4 CITY-ST-ZIP Miami, FL 33186

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. F. Willer, Pres. 4/3/98

305-670-2246

CR2E034 (10/97)